Ministry of
Health

2010/11
Annual Service Plan Report

For more information on the British Columbia Ministry of Health,
see Ministry Contact Information on Page 41 or contact:

Ministry of Health:
1515 BLANSHARD STREET
VICTORIA, B.C.
V8W 3C8

or visit our website at
www.gov.bc.ca/health

Published by the Ministry of Health

Message from the Minister and Accountability Statement

As the new Minister of Health, I am pleased to present the *2010 11 Annual Service Plan Report* for the Ministry of Health. This report outlines the Ministry's progress in achieving its goals and the health care system's performance in the delivery of high quality, patient-centred care to British Columbians in every region of the province.

British Columbia's new Premier and new agenda are focused on the priorities of British Columbians, with families at the centre of all decisions. We know that health is a priority for families and are working to improve health outcomes for British Columbians, from newborns and expectant parents to seniors.

Many of the diseases with the greatest impact on families, communities and the health system can be prevented or delayed with increased physical activity, healthy eating and healthy behaviours. With an emphasis on prevention, primary care and self-care, we are supporting British Columbians to make healthy lifestyle decisions – choices that will improve individuals' health while reducing the future cost of our publicly funded health care system.

Along with a healthy lifestyle, access to a family physician and community supports are a key part of maintaining good health, as well as ensuring early detection and intervention for any health problems that arise. This year, we launched a new model of integrated primary and community care that focuses on coordination between a patient's family physician, specialists and other health care providers such as pharmacists, physiotherapists and nurse practitioners. We are also introducing clinical guidelines that will standardize care and spread best practices across the province. The guidelines will be based on the best evidence and are part of a system-wide focus on quality to improve patient outcomes and reduce overall system costs. These innovations in primary health care are enabling British Columbians to connect with family physicians and ensure the care they receive is timely, consistent and appropriate.

We continue to prioritize actions to serve the most vulnerable population groups: frail seniors, those with chronic diseases and people affected by mental health and substance use problems. This year, high needs patients, including those with chronic diseases, were provided with enhanced care planning and support, with personal health-care plans that link various health care professionals based on their specific needs. We also released *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, which lays out a comprehensive strategy to provide people with support and tools to improve their mental health, wellbeing and quality of life.

Hospital care is the most resource-intensive method of care in our health system. In 2010/11, we continued to target resources where they have the greatest impact on patients. Patient-focused funding was implemented in the 23 largest hospitals across the province, helping to ease emergency department congestion, reduce patient wait times and improve access to services across the health care spectrum. Along with targeting resources, we continued to ensure health care funding was

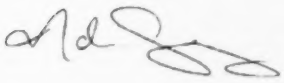
spent wisely. Successful negotiation of province-wide supply contracts for items such as payroll and technology services have resulted in a projected total savings of $181 million over five years (to March 2014), surpassing the $150 million target originally identified.

Record financial investments have also been made in health infrastructure across the province, building new facilities and revitalizing existing ones to improve quality and access to care for British Columbians. Out of these projects, thousands of construction jobs have been created, benefitting whole communities. Capital projects in 2010/11 include the following:

- Launch of the $512-million Surrey Memorial Hospital expansion, which will increase health-care capacity in one of the province's fastest growing cities;
- Opening of the $349-million Patient Care Centre at Royal Jubilee Hospital in Victoria, the most environmentally responsible acute care hospital in Canada;
- Beginning of construction on the new $106-million BC Cancer Agency for the North, which will eliminate the need for northern residents to travel south for treatment;
- Beginning of construction on the new $36.9 million emergency department at Nanaimo Regional General Hospital, which will improve access to care and help support communities and the economy of Central Vancouver Island;
- Completion of the $24.7-million Shuswap Lake General Hospital redevelopment, helping to meet increasing health-care needs in the Shuswap region; and
- Beginning of construction on the $44.15-million St. Mary's Hospital expansion in Sechelt, which will set a new standard for patient care, infection control and green building design for patients on the Sunshine Coast.

As we move forward, the Ministry will continue to focus on strategic change, innovation and renewal, reflecting our government's priorities of families, jobs and open government. We will support British Columbians to maintain healthy lifestyles and continue to implement innovative strategies to ensure that those in need of care have timely access to high-quality, sustainable health services.

The Ministry of Health *2010 11 Annual Service Plan Report* compares the actual results to the expected results identified in the Ministry of Health Services' *2010 11 – 2012 13 Service Plan*. I am accountable for those results as reported.



Honourable Michael de Jong, Q.C.
Minister of Health

June 20, 2011

Table of Contents

Message from the Minister and Accountability Statement **3**

Highlights of the Year **6**

Purpose of Ministry **10**

Strategic Context **11**

Report on Performance **13**

Performance Plan Summary Table 14

Goals, Objectives, Strategies and Performance Results 16

Report on Resources **34**

Resource Summary Table 35

Health Authorities Included in the Provincial Reporting Entity 37

Major Capital Projects 38

Annual Service Plan Report Appendices **41**

Appendix A: Ministry Contact Information 41

Appendix B: Hyperlinks to Additional Information 43

Highlights of the Year

In 2010/11, the Ministry of Health invested a record $14.7 billion to meet the health needs of British Columbians. This expenditure was made across a wide spectrum of programs and services aligned with the Ministry's goals. Following are some of the achievements of the Ministry of Health in 2010/11.

Improved health and wellness for British Columbians

Overall improvement in population health, wellness and the prevention of disease starts with actions focused on individuals, families and communities. The Ministry worked this year to ensure that British Columbians, from parents of newborns to seniors in the community, have the information and support they need to make healthy choices.

- Continued to close the gap in health status between Aboriginal peoples and the rest of the B.C. population by negotiating the B.C. Framework Agreement on First Nations Health Governance, which outlines the transfer of health resources to First Nations, to enable and empower First Nations people to better govern their own health and well-being.
- Launched the Community Action for Seniors' Independence project in partnership with the United Way of the Lower Mainland. The project provides community-based non-medical supports for seniors such as transportation, housekeeping and handyman services, helping them stay independent in their own homes for longer.
- Supported families with the release of www.bestchance.gov.bc.ca, a user-friendly, interactive web resource that provides information and tools for pregnant women, expectant parents and parents of newborns and toddlers.

ActNow BC aims to support and encourage all British Columbians to increase physical activity, eliminate tobacco use, eat healthy foods and make healthy choices in pregnancy, with a focus on actions to reduce key risk factors for chronic disease. During the year, the ActNow BC accountabilities for the former Minister of State for the Olympics and ActNow BC were transferred to the Ministry of Health. Following is a summary of the progress and accomplishments made to achieve these accountabilities in 2010/11:

- Completed the *ActNow BC Five-Year Sustainability Action Plan*, with a focus on physical activity and community engagement post-2010/11.
- Released ActNow BC's *Measuring Our Success – Progress Report II*, describing B.C.'s progress towards the original ActNow BC targets and highlighting ActNow BC initiatives (http://www.actnowbc.ca/media/ActNowBC_Measuring-Our-Success-Progress-Report-II.pdf). Overall, B.C. has made progress towards all the original ActNow BC targets and has some of the best outcomes in Canada.
- 77,000 British Columbians took the ActNow BC Healthy Living Pledge.
- 475,000 individuals visited the ActNow BC website.

- 185 ActNow BC initiatives have been implemented with the support of numerous partners to foster healthy lifestyle changes, including:
  - — Trans Fat Regulation: new regulations made B.C. the first Canadian province to restrict trans fat in restaurant food.
  - — Action Schools! BC: a best practices model designed to assist schools in creating individualized action plans to promote healthy living.
  - — Health Check – BC Dining Guide: helps British Columbians make healthy food choices in family dining establishments and restaurants.
  - — Healthy Workplace Resources: a web-based toolkit to support healthy workplaces and healthy workers in all sectors.
  - — B.C. Sport Participation Programs: 43 sport and recreation programs drew new participants to community and school-based sports, providing opportunities for youth, Aboriginal people, seniors and people with disabilities to lead active and healthy lifestyles.
  - — Senior Wellness Parks: supports improved mobility, coordination and balance, and promotes more physical activity and social interaction for older adults.
- Communicated, promoted and implemented ActNow BC programs by developing and maintaining community partners (e.g. community organizations, universities/colleges, private businesses and senior centres).
- Collaborated with the private sector and associations on employee wellness campaigns and industry related events to promote healthy living goals.
- ActNow BC Ambassadors Teams (comprised of elite B.C. athletes, seniors, Aboriginals, and students) promoted ActNow BC and healthy living messages at 121 events in 104 communities across BC over the past two years.

British Columbians have the majority of their health needs met by high quality community based health care and support services

The Ministry continued to ensure British Columbians have the best access to patient-centred care through the provision of proactive care and support at the community level through integrated health care teams, networks of health care providers and access to family physicians.

- Continued to improve access to physicians across B.C. through the Family Physicians for BC program, which provides financial support to physicians who set up practices in designated under-served communities, and the International Medical Graduates-BC program, which offers international medical graduates access to postgraduate medical education so they can qualify to become provincially licensed in Family Practice and Specialty Medicine, with a return of service requirement in an under-served rural community.
- More patients received guideline-based care from their family physicians; for example, planned chronic disease or complex care was provided to 575,894 patients as at February 2011, 10 per cent higher than at February 2010.[1]

[1] Medical Services Division, Ministry of Health, 2011.

- Created the Patient Voices Network, which provides mechanisms for patients, caregivers and other community stakeholders to participate in primary health care changes that will positively affect their lives. The network has registered 957 patients, including 315 who have participated in working groups, committees and other processes, helping to ensure the patient voice is guiding health system change in B.C.
- Completed a Family Physician's Pandemic Communications Plan, which will ensure that more than 8,000 family physicians across the province receive vital information during a pandemic.
- Initiated planning to establish a provincial clinic and research study to support patients and family physicians in treatment and care of chronic complex diseases, including Lyme disease.

British Columbians have access to high quality acute care services when they need them

In 2010/11, the Ministry continued to improved access to patients through strategic investments aimed at improving efficiency and expanding acute care capacity across the province.

- Launched a new surgical wait times website. Using information gathered in the new Surgical Patient Registry, the website is a key innovation in the Province's strategy to manage provincial wait times. The site helps patients work with their general practitioners to decide whether there is a faster or more appropriate treatment available, and helps health authorities and the Province make decisions about funding and surgical resource allocation.
- Worked with Canuck Place, the Provincial Health Services Authority, the Ministry of Children and Family Development and the Fraser Health Authority to guide the expansion of hospice services for children in B.C., including a new Canuck Place Children's Hospice in Abbotsford.
- Completed the $4.3-million newly redeveloped Invermere and District Hospital emergency department, doubling the size of the existing emergency department and improving patient flow.
- Opened the $9.4-million renal unit at Nanaimo Regional General Hospital, benefitting kidney patients across Central and Northern Vancouver Island.

Improved innovation, productivity and efficiency in the delivery of health services

To ensure the health services available today remain financially sustainable in future years, resources must be used as efficiently as possible. This includes strategies to ensure B.C. has an appropriate amount and mix of health professionals.

- Reached a new agreement with emergency room physicians, providing an increase to the number of doctors in 19 emergency departments across B.C. Over the 2010/11 and 2011/12 fiscal years, the Province's funding commitment will increase by up to $12 million, for a total investment of $147.7 million for physician services in the affected hospitals over the two years. This will result in more timely and improved access for patients.
- Made improvements to pharmacy and drug coverage programs:
  - Negotiated an agreement with the community pharmacy sector that will reduce the price of generic drugs in B.C. to 35 per cent of the brand price, from the current average of 65 per cent of brand price. The projected annual savings for the health system are up to $170 million and up to $210 million in generic drug cost reductions for employer/union-

sponsored drug plans and individuals. The agreement will also provide for substantial investment into new clinical pharmacy services such as medication reviews by pharmacists.

— Created "Your Voice" to facilitate patient input into the PharmaCare review of selected drugs, helping to ensure transparency in the PharmaCare system (http://www.health.gov.bc.ca/pharmacare/yourvoice/).

— Provided coverage for Alzheimer's disease medication to more than 19,000 British Columbians through the Alzheimer's Drug Therapy Initiative.

- More than 125 Lean events were held across the province aimed at improving services to patients, reducing errors and eliminating waste in the health care system. For example, at the Nanaimo Regional General Hospital Pain Program, the wait times from referral by a general practitioner to first appointment with a specialist were significantly reduced, with the wait time for patients suffering from sub-acute chronic pain reduced from 12-36 months to less than three months.

Purpose of Ministry

The Ministry of Health has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available to all British Columbians. The British Columbia health system is one of our most valued social programs – virtually every person in the province will access some level of health care or health service during their lives. In October 2010, the Ministry integrated programs and mandates from the Ministry of Healthy Living and Sport to further promote good health as a fundamental building block of a happy and productive life.

The Ministry works with health authorities, care providers, agencies and other groups to guide and enhance the Province's health services, provide access to care and ensure British Columbians are supported in their efforts to maintain and improve their health. The Ministry provides leadership, direction and support to these service delivery partners and sets province-wide goals, standards and expectations for health service delivery by health authorities. This leadership role is enacted through the development of social policy, legislation and professional regulation, through funding decisions, negotiations and bargaining, and through the Ministry's accountability framework for health authorities and oversight of health professional regulatory bodies.

The Ministry directly manages a number of provincial programs and services. These programs include: the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance for British Columbians; the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage; and HealthLink BC, a confidential health information, advice and health navigation system available by telephone (8-1-1) or on the web (see www.healthlinkbc.ca). HealthLink BC also publishes the BC HealthGuide which is available through local pharmacies.

The Province's six health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. These include the specialized programs and services provided through the following agencies: BC Cancer Agency; BC Centre for Disease Control; BC Children's Hospital and Sunny Hill Health Centre for Children; BC Women's Hospital and Health Centre; BC Provincial Renal Agency; BC Transplant Society; Cardiac Services BC; the Emergency and Health Services Commission, which provides ambulance services across the province and operates BC Bedline, the provincial acute bed management system; BC Mental Health and Addiction Services including Riverview Hospital and the Forensic Psychiatric Services Commission; and Perinatal Services BC.

The delivery of health services and the health of the population are monitored by the Ministry on an ongoing basis. These activities inform the Ministry's strategic planning and policy direction to ensure the delivery of health information and services continue to meet the needs of British Columbians.

Strategic Context

The health system in British Columbia is a complex network of skilled professionals, organizations and groups that work together to provide value for patients, the public and taxpayers. The key challenge facing the health system is to deliver a high performing sustainable health system (from prevention to end-of-life care) in the context of significant growth in demand.

Although the B.C. health system effectively meets the majority of population health needs, it continues to be challenged by an increasing demand for health services. The most significant drivers of rising demand are the aging population, the increasing need to provide care to frail seniors, a rising burden of illness from chronic diseases, mental illness and cancer, and advances in technology and pharmaceuticals driving new costly procedures and treatments. The pressure is compounded by the need for new care delivery models by health professionals and health care workers, and the need to maintain and improve the health system's physical infrastructure (i.e. buildings and equipment). In the current economic climate it is even more important for the health system to find new and creative ways to ensure the resources available for health care services are used effectively and in ways that most benefit the people of B.C.

B.C. also faces a challenge in ensuring that all parts of society and all populations can access health services and enjoy good health. While the health status of Aboriginal people has improved significantly in several respects over the past few decades, the Aboriginal population in B.C. continues to experience poorer health and a disproportionate rate of chronic diseases and injuries compared to other B.C. residents. Government is working with First Nations, Metis and other partners to improve Aboriginal people's health and to close this gap in health status.

The Aging Population

B.C.'s senior population currently makes up 15 per cent of the total population and is expected to double within the next 20 years, making it one of the fastest growing seniors populations in Canada.[2] The aging population is a significant driver of demand because the need for health services rises dramatically with age. In 2006/07 people over age 65 made up 14 per cent of the B.C. population, but used 33 per cent of physician services, 48 per cent of acute care services, 49 per cent of PharmaCare expenditures, 74 per cent of home and community care services and 93 per cent of residential care services.[3] There is also an increasing need to provide appropriate care for those with frailty or dementia and to help seniors stay healthy, independent and in the community for as long as possible.

A Rising Burden of Chronic Disease

Chronic diseases are prolonged conditions such as diabetes, depression, hypertension, congestive heart failure, chronic obstructive pulmonary disease, arthritis and asthma. People with chronic

[2] PEOPLE 35 Population Data. BC STATS

[3] Health System Planning Division, Ministry of Health Services; using MSP Expenditures 2006/07; Acute Care: Inpatient and Day Surgery workload weighted cases, DAD 2006/07; HCC community services by age group 2005/06, summed based on average unit costs; Residential care days 2006/07.

conditions represent approximately 37 per cent of the B.C. population and consume approximately 80 per cent of the combined physician payment, PharmaCare and acute (hospital) care budgets.[4] Chronic diseases are more common in older populations and it is projected that the prevalence of chronic conditions could increase 58 per cent over the next 25 years[5] and be a significant driver of demand for health services. Chronic diseases can be prevented or delayed by addressing key risk factors, including physical inactivity, unhealthy eating, obesity, alcohol consumption and tobacco use.

Advances in Technology and Pharmaceuticals

New treatment and technology development over the past 10 years has included less invasive surgery, increased use of diagnostic imaging and the introduction of biological and tailored drug therapies that have made health care more efficient and effective, but have also led to a significant increase in demand for products and services. For example, the expansion of technology has seen the number of CT exams increase by approximately 90 per cent and the number of MRI exams increased by almost 170 per cent in the province since 2001.[6] In addition, new surgical techniques and equipment have contributed to expanded use of joint replacement procedures. In B.C. the number of hip replacements has increased by 71 per cent and the number of knee replacements by 125 per cent over the past decade.[7]

Human Resources and Health System Infrastructure

Although attrition rates have recently decreased, looming retirements in the health workforce, combined with the rising demand for services, are still key challenges that will impact the Province's ability to maintain an adequate supply and mix of health professionals and workers. Planning for, and ensuring that we have the required number of qualified healthcare providers entering the workforce is still important. However, we also need to continue focusing on redesigning care delivery models so that we fully leverage the skill sets of our professionals, including creating and supporting interprofessional care teams. Through building and maintaining healthy, supportive workplaces that enhance working and learning conditions, we have the opportunity to attract and retain the workforce we need to provide high quality services.

Another challenge in delivering health services is the need to maintain and improve the health system's physical infrastructure. The health system is faced with the continuous need to update or expand health facilities, medical equipment and information technology to ensure it provides high quality and safe health care to British Columbians.

---

[4] Discharge Abstract Database (DAD), Medical Service Plan (MSP) and PharmaCare Data 2006/07

[5] BC Ministry of Health, Medical Services Division, *Chronic Disease Projection Analysis*, march 2007, (2007-064); as cited in Primary Health Care Charter: a collaborative approach (2007), Ministry of Health

[6] HAMIS/OASIS, Management Information Branch, HSPD, Ministry of Health Services as of October 12, 2010

[7] Discharge Abstract Database, October 2010, Management Information Branch, HSPD, Ministry of Health Services

Report on Performance

As a result of a Cabinet reorganization in October 2010, the Ministry of Health is reporting on performance measures from the Ministry of Healthy Living and Sport and the Minister of State for ActNow BC.

The following table provides an overview of progress in achieving the goals and objectives in the Ministry's *2010/11 – 2012/13 Service Plan* assessed through a comparison of actual results with targets. Detailed reporting of these results, including historical data and results analysis, can be found in the section following the summary table.

The primary source of data on population health and wellness measures is the Canadian Community Health Survey. Statistics Canada is not expected to release this survey's results for 2010 until after the publication of this report. While the Ministry is unable to report data on these performance measures, assessment of progress is made through analysis of previous year data and trends.

Performance Plan Summary Table

Goal 1: Improved Health and Wellness for British Columbians For greater detail see pages 16 to 24	2010/11 Target	2010/11 Actual
1.1 Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention		
Percentage of B.C. youth (age 12-19) that eat vegetables and fruit five or more times per day	51.0%	DATA NOT AVAILABLE
*Percentage of B.C. population (age 12+) that eat vegetables and fruit five or more times per day	51.4%	DATA NOT AVAILABLE
Percentage of B.C. youth (age 12-19) who are active/moderately active during their leisure time	74.6%	DATA NOT AVAILABLE
*Percentage of B.C. population (age 12+) who are active/moderately active during their leisure time	71.8	DATA NOT AVAILABLE
Proportion of B.C. adults (age 18+) classified as obese	12.9%	DATA NOT AVAILABLE
*Proportion of B.C. adults (age 18+) classified as obese or overweight	34.7%	DATA NOT AVAILABLE
Smoking rates for young adults	18.0%	DATA NOT AVAILABLE
*Smoking rates for B.C. population (age 15+)	14.4%	DATA NOT AVAILABLE
Proportion of women that initiate breastfeeding in B.C.	71.0%	DATA NOT AVAILABLE
Proportion of women that exclusively breastfeed at six months	37.0%	DATA NOT AVAILABLE
*Percentage of women counselled regarding alcohol use during pregnancy	50%	DATA NOT AVAILABLE
Rate of fall-related hospitalizations among seniors (per 1,000 population)	14.5%	DATA NOT AVAILABLE
Reduce the gap in age-standardized mortality rate (per 10,000 population) between Status Indians and other British Columbians	19.1	DATA NOT AVAILABLE
The number of water systems making use of the Comprehensive Drinking Water Source to Tap Assessment Guideline	5	46 EXCEEDED
Goal 2: British Columbians have the majority of their health needs met by high quality community based health care and support services For greater detail see pages 25 to 26	**2010/11 Target**	**2010/11 Actual**
2.1 Providing a system of community based health care and support services built around attachment to a family physician and an extended health care team with links to local community services		
Number of general practitioners providing chronic disease management	3,300	3,299 ACHIEVED

* ActNow BC 2010 performance measures

Goal 3: British Columbians have access to high quality acute care services when they need them For greater detail see pages 27 to 30	2010/11 Target	2010/11 Actual
3.1 Acute care services are accessible, effective and efficient		
Waiting times for surgery:		
a) Percentage of cataract surgeries waiting more than 16 weeks	10%	30% NOT ACHIEVED
b) Percentage of knee replacement cases waiting more than 26 weeks	10%	16% NOT ACHIEVED
c) Percentage of hip replacement cases waiting more than 26 weeks	10%	9% EXCEEDED
d) Percentage of hip fracture fixation cases completed within 48 hours	95%	INCOMPLETE DATA
Waiting times for cancer treatment		
Percentage of patients who receive radiotherapy within four weeks	≥ 90%	93% EXCEEDED
Goal 4: Improved innovation, productivity and efficiency in the delivery of health services For greater detail see pages 30 to 33	**2010/11 Target**	**2010/11 Actual**
4.1 Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery		
Percentage of physicians implementing electronic medical record systems	60%	49% NOT ACHIEVED

Goals, Objectives, Strategies and Performance Results

Goal 1: Improved health and wellness for British Columbians.

Objective 1.1: Individuals are supported in their efforts to maintain and improve their health through health promotion and disease prevention.

British Columbians are, in general, among the healthiest people in the world. We want to support the excellent health status of the majority of our citizens while also helping those who do not enjoy good health or are at risk of diminishing health from factors such as poor diet, obesity, inactivity, injuries, tobacco use and problematic substance use. We will help people make healthy lifestyle choices by providing more tools, choices and support for them to invest in their health in order to prevent or delay the onset of chronic diseases, cancer and frailty.

Strategies

- Promote healthy eating, physical activity, and tobacco and alcohol control to prevent chronic disease with a focus on reducing childhood obesity and salt consumption.
- Provide supports for older adults and frail seniors to prevent falls and injuries and promote independence.
- Continually improve core public health programs by implementing standardized, evidence-based health promotion, disease prevention, environmental health and emergency management programs provided by health authorities to improve population health and reduce disease, disability and injury.
- Provide British Columbians 24-hour a day access to expanded health information, advice and resources to assist their self-care and self-management through HealthLink BC.

Providing information to help manage your health

HealthLink BC helps British Columbians stay healthy with 24/7 access to resources. This year, we responded to:

- ✓ *355,906 calls to Navigation Services*
- ✓ *279,984 calls to Nursing Services*
- ✓ *22,700 calls to Pharmacist Services*
- ✓ *15,527 calls to Dietitian Services*
- ✓ *4,100,865 page visits to the HealthLink BC website*

Performance Measure 1: Fruit and vegetable consumption.

Performance Measure	2003 Baseline	2008 Actual	2009 Actual	2010 Target	2010 Actual
Percentage of B.C. youth (age 12-19) that eat vegetables and fruit five or more times per day.	41.4%	48.5%	47.8%[1]	51.0%	DATA NOT AVAILABLE[2]
ActNow BC target: Increase the proportion of B.C. population (age 12+) that eat vegetables and fruit five or more times per day.	42.6%	43.4%	45.7%	51.4%	DATA NOT AVAILABLE[2]

Data Source: Canadian Community Health Survey.

[1] In 2009/10, this data was forecasted to be 49%. The Ministry is now able to report the data.

[2] Data for 2010 are unavailable because Statistics Canada only releases full sample data for this survey every second year. The next full sample data release will be in summer 2011.

Discussion of Results

Healthy eating is essential to healthy growth and development, prevention of disease and disability, and maintenance of good health at all stages of life. Healthy eating, along with physical activity, is also important in maintaining healthy weight and is a priority under government's ActNow BC platform. Since 2003, levels of overall consumption of vegetables and fruits are increasing and B.C. is second among provinces for consuming the recommended amounts.[8]

Evidence has shown that consuming more fruits and vegetables during childhood and youth is predictive of more healthy dietary patterns among adults. Measuring fruit and vegetable consumption for B.C.'s youth provides an opportunity to track the impact that early establishment of healthy dietary patterns have over time.

As part of ActNow BC, ambitious targets were set to drive change in areas that contribute to ill health. Progress is being made towards reaching this target. B.C. youth (age 12-19) showed improvements in their frequency of fruit and vegetable consumption, moving from 41.4 per cent in 2003 to 47.8 per cent in 2009. While there has been an improvement since 2003, results for 2009 show that further progress is needed to achieve the target of 51 per cent.

[8] Canadian Community Health Survey.

Ministry Response

To increase fruit and vegetable consumption, the Ministry of Health is working with industry partners to increase healthy food and beverage options and to assist British Columbians to make healthier food choices. We are also targeting investments and efforts towards prevention and health promotion initiatives that support individuals to make healthy eating choices through industry engagement, public awareness and education.

Performance Measure 2: Physical activity rates.

Performance Measure	2003 Baseline	2008 Actual	2009 Actual[1]	2010 Target	2010 Actual
Percentage of B.C. youth (age 12-19) who are active/moderately active during their leisure time.	74.1%	73.1%	75.9%	74.6%	DATA NOT AVAILABLE[2]
ActNow BC target: Increase the proportion of B.C.'s population (age 12+) who are physically active or moderately active during their leisure time.	59.9%	57.7%	60.3%	71.8%	DATA NOT AVAILABLE[2]

Data Source: Canadian Community Health Survey.

[1] In 2009/10, this data was forecasted to be 74.1%. The Ministry is now able to report the data.

[2] Data for 2010 are unavailable because Statistics Canada only releases full sample data for this survey every second year. The next full sample data release will be in summer 2011.

Discussion of Results

Physical activity is one of the major components of a healthy lifestyle, along with healthy diet, tobacco free life and avoidance of other substances harmful to health. Participation in physical activity and sports promotes physical, social and mental well-being, and contributes to healthy weight management and the prevention of overweight and obesity. As part of ActNow BC, targets were set to drive change in areas that contribute to ill health, including physical activity. Levels of physical activity in B.C. are higher than all other provinces[9], and B.C. is on track to achieve the ActNow BC target of increasing physical activity in the overall population by 20 per cent from 2003 to 2010.

B.C. youth have the second highest physical activity levels in Canada.[10] The Ministry of Health continues to work collaboratively with partners and stakeholders in the private and public sectors to plan and implement a wide range of programs, initiatives and policies that promote and support physical activity and healthy living.

[9] Canadian Community Health Survey

[10] Ibid

Performance Measure 3: Obesity in B.C.'s adults.

Performance Measure	2003 Baseline	2008 Actual	2009 Actual[1]	2010 Target	2010 Actual
Proportion of B.C. adults (age 18+) classified as obese.	11.9%	12.9%	13.6%	12.9%	DATA NOT AVAILABLE[2]
ActNow BC target: Reduce the proportion of B.C. population (age 18+) currently classified as obese or overweight.	43.4%	44.5%	45.1%	34.7%	DATA NOT AVAILABLE[2]

Data Source: Canadian Community Health Survey.

[1] In 2009/10, this data was forecasted to be 11.9%. The Ministry is now able to report the data.

[2] Data for 2010 are unavailable because Statistics Canada only releases full sample data for this survey every second year. The next full sample data release will be in summer 2011.

Discussion of Results

Overweight and obesity rates for Canadian adults continue to grow across Canada, and obesity rates for Canadian children and youth have nearly tripled in the last 25 years. In B.C., obesity is the second-leading preventable cause of death and leads to a higher risk of chronic illnesses.[11]

Overweight and obesity are risk factors for a wide range of serious diseases and conditions including hypertension or high blood pressure, coronary heart disease, type II diabetes, stroke, certain cancers (colon, uterine, and breast), osteoarthritis, and other problems. It is estimated that more than 2,000 B.C. residents die prematurely each year due to obesity related illness.

Despite significant increases in obesity levels across Canada from 2003 to 2009, B.C. experienced only a slight increase in overweight and obesity during that same time period and continues to maintain the lowest levels among adults in Canada.[12]

Ministry Response

There is a growing recognition that there are no easy solutions to solving overweight and obesity issues. Multiple strategies are required to provide social and economic supports at the community level in order to increase physical activity and healthy eating, two primary risk factors for obesity and ill health. The Ministry of Health committed to reducing obesity rates in B.C. and is targeting investments and efforts towards prevention and health promotion initiatives that will address obesity by supporting British Columbians to make healthy eating choices and lead more active lifestyles.

[11] ActNow BC, "Measuring our Success: Progress Report II," May 2010

[12] Canadian Community Health Survey

Performance Measure 4: Tobacco use rates.

Performance Measure	2007 Baseline	2008 Actual	2009 Actual[1]	2010 Target	2010 Actual
Smoking rates for young adults (age 20-24).	18.2%	21.0%	17.8%	18.0%	DATA NOT AVAILABLE[2]
ActNow BC target: Reduce tobacco use (age 15+)	16%	14.7%	14.9%	14.4%	DATA NOT AVAILABLE[2]

Data Source: Canadian Tobacco Use Monitoring Survey.

[1] In 2009/10, this data was forecasted to be 17%. The Ministry is now able to report the data.

[2] Data for 2010 are unavailable. Health Canada is expected to release the Canadian Tobacco Use Monitoring Survey Data in September 2011.

Discussion of Results

While smoking rates in B.C. continue to decline, young adults (aged 20-24) are the population segment with the highest rate of smoking. Young adulthood is a transitional period when smoking dependence is likely to become firmly established.

B.C. is on track to achieve the ActNow BC 2010 target of reducing overall tobacco use by 10 per cent from 2003 rates. Smoking rates for 20-24 year olds have decreased over the past decade from a high of 27 per cent in 2001 to a rate of 17.8 per cent. According to the 2009 Canadian Tobacco Use Monitoring Survey, B.C. youth continue to have the lowest youth smoking rates in Canada.

The Ministry is using new approaches to deliver anti-smoking messages to young adults, including the use of social media. Recently, QuitNow Services expanded beyond telephone and web counselling and began a text counselling program. QuitNow Services also uses social media tools including Facebook to assist smokers; currently almost 2,000 Facebook friends are supporting other smokers on their quit journey.

Performance Measures 5-7: Healthy pregnancies and healthy infants.

Performance Measure	2004/05 Baseline	2008/09 Actual	2009/10 Actual	2010/11 Target	2010/11 Actual
Proportion of women that initiate breastfeeding* in B.C.	71.6%	70.1%	72.4%[1]	71.0%	DATA NOT AVAILABLE[2]
Proportion of women that exclusively breastfeed at six months.[3]	31.3%[4]	39.2%	33.6%[5]	37.0%	DATA NOT AVAILABLE[6]
Actnow BC target: Increase the percentage of women counselled regarding alcohol use during pregnancy	N/A	71% (2007)	DATA NOT AVAILABLE	50%	DATA NOT AVAILABLE[7]

*** Breast Milk Only** – Baby was given exclusive breast milk or expressed breast milk during the hospital stay.

Data Source 1: British Columbia Perinatal Database Registry, Annual Report 2010

Data Source 2: Canadian Community Health Survey (CCHS), British Columbia.

Data Source 3: BC Perinatal Health Program. Antenatal Chart Review 2004/2005. How frequently physicians engaged pregnant women in discussion about alcohol and pregnancy.

[1] In the 2010/11 Ministry of Healthy Living and Sport Service Plan, this data was forecasted to be 70.1%. The Ministry is now able to report the data.

[2] Finalized data for 2009/2010 was not available at the time of this report.

[3] Data for this measure is based on calendar years ending December 31.

[4] The original baseline was 35.3%. In 2010, revisions were made to this data to produce more accurate and comparable rates over time, resulting in a revised baseline of 31.3%.

[5] In 2009/10, this data was forecasted to be 35.8%. The Ministry is now able to report the data.

[6] Data for 2010 are unavailable because Statistics Canada only releases full sample data for this survey every second year. The next full sample data release will be in summer 2011.

[7] The 2010 target was achieved in 2007, when data was last available.

Discussion of Results

Many factors can help to optimize the health of women and their babies during pregnancy, including access to prenatal care, adequate nutrition, and reduction and cessation of smoking, alcohol and drug use. Alcohol use during pregnancy may result in Fetal Alcohol Spectrum Disorder (FASD), which encompasses a range of effects including physical, mental, behavioural, and/or learning disabilities with possible lifelong implications.

Exclusive breastfeeding for the first six months of an infant's life and continued breastfeeding for two years and beyond is recommended by Health Canada, the Canadian Paediatric Society, Dieticians of Canada, the College of Family Physicians, the Breastfeeding Committee for Canada, and the World Health Organization. Breastfeeding is associated with long-term improved health among both mothers and their infants. Women who breastfeed have reduced risk of ovarian and breast cancer, and tend to return to pre-pregnancy weight faster than those who do not breastfeed. Breastfed infants have lower rates of ear infections, gastrointestinal infections, eczema and Sudden Infant Death Syndrome (SIDS), and reduced risk of obesity and other chronic conditions in childhood, youth and adulthood.

According to the most recent data, more British Columbian women (72.4 per cent) initiated breastfeeding in 2009. However, only 33.6 per cent of these women were exclusively breastfeeding at six months, which is a decrease from 2008.

The Ministry of Health is committed to increasing support for vulnerable mothers in B.C. The ActNow BC 2010 target of increasing the number of women counselled regarding alcohol use during pregnancy by 50 per cent was exceeded, with an increase of 71 per cent by 2007. All health authorities have an FASD prevention plan in place. We are also building on our pregnancy and parenting support programs, including a targeted, enhanced home visitation program for parents and their children from pregnancy through two years of age. This support will help mothers establish and maintain breastfeeding through the early development of their children.

Performance Measure 8: Rate of fall-related hospitalizations among seniors.

Performance Measure	2004/05 Baseline	2008/09 Actual	2009/10 Actual[1]	2010/11 Target	2010/11 Actual
Rate of fall-related hospitalizations among seniors (per 1,000 population).	15.3%	15.8%	15.6%	14.5%	DATA NOT AVAILABLE[2]

Data Source: Acute/rehab separations from the Canadian Institute of Health Information Discharge Abstract Dataset. Prepared by: Population Health Surveillance and Epidemiology, Ministry of Healthy Living and Sport, January 2010.

[1] In 2009/10, this data was forecasted to be 14.7%. The Ministry is now able to report the data.

[2] Data for 2010 are expected to be released by the Canadian Institute of Health Information in September 2011.

Discussion of Results

B.C.'s population over 65 is one of the fastest growing population segments in our society. As people age, many become less mobile and more prone to falling. Currently, injuries from falls account for 85 per cent[13] of all injuries among seniors and cost the province $195.5 million[14] annually in direct hospital costs. However, falls are not an inevitable consequence of aging and proven interventions exist showing that most falls among older people can be prevented. With the demographic shifting to an older population, preventing falls and fall-related injuries among older individuals will become increasingly important in order to reduce unnecessary pain and suffering.

To reduce the number and severity of fall-related injuries among older British Columbians, fall prevention in B.C. is committed to an integrated approach between public health, home and

[13] Source: CIHI Discharge Abstract Dataset. Prepared by: Population Health Surveillance and Epidemiology, Ministry of Health, November 2009

[14] Source: Acute/rehab separations from the 2005/06 to 2009/10 CIHI Discharge Abstract Dataset. Prepared by: Population Health Surveillance and Epidemiology, Ministry of Health, February 2011

community care, and primary care. This includes consolidating existing programs, services and resources to enable a coordinated and provincially consistent approach to seniors' fall prevention across all sectors.

Performance Measure 9: Gap in mortality rates between Status Indians and other British Columbians.

Performance Measure	2005 Baseline	2008/09 Actual	2009/10 Actual	2010/11 Target	2010/11 Actual[1]
Reduce the gap* in age-standardized mortality rate (per 10,000 population) between Status Indians and other British Columbians.	GAP: 26.0	DATA NOT AVAILABLE	DATA NOT AVAILABLE	GAP: 19.1	DATA NOT AVAILABLE
Age-standardized mortality rates:					
Status Indian:	77.9	DATA NOT AVAILABLE	DATA NOT AVAILABLE	65.1	DATA NOT AVAILABLE
Other Residents:	51.9			46.0	

* Reduction in gap based on decreasing targets for Status Indian mortality rates, and assuming forecast data for other residents.

Data Source: B.C. Vital Statistics Agency.

[1] Data beyond 2006 are unavailable as necessary data sharing agreements between the provincial government, federal government and First Nations have not yet been completed.

Discussion of Results

Over time, many external factors have negatively impacted Aboriginal health and led to lower overall health status, with the result that Aboriginal people in B.C. do not experience the same levels of health as other British Columbians. The performance measure of a reduced gap in age-standardized mortality rates between Aboriginal peoples and other B.C. residents comes from the Transformative Change Accord: First Nations Health Plan. The target was set based on the assumption that prevention and treatment initiatives aimed at improving the health status of Aboriginal people would close the gap in mortality from external causes (suicide, motor vehicle accidents, and accidental poisoning) by half, and mortality from natural causes would be reduced by one-third over 10 years.

The federal and provincial governments are working collaboratively with First Nations to develop culturally sensitive health programs that support the unique health needs of First Nations in B.C. Discussions between provincial and federal governments and First Nations have included efforts to develop a new health governance body to enable and empower First Nations to better govern their own health and well-being in a more holistic way. Through continued efforts and progress on the 29 action items outlined in the Tripartite First Nations Health Plan, the Ministry supports health improvement for First Nations and works collaboratively to close the gap in health status between Aboriginal people and the rest of the population in B.C.

Data beyond 2006 are unavailable as necessary data sharing agreements between the provincial government, federal government and First Nations have not yet been completed. Therefore, the Ministry is unable to report on this performance measure. The Ministry of Health has been working with partners to develop the necessary data sharing agreements which would enable the production of comprehensive and accurate health status information for First Nations in B.C.

Performance Measure 10: Drinking Water Source to Tap Assessment.

Performance Measure	2009/10 Baseline	2008/09 Actual	2009/10 Actual	2010/11 Target	2010/11 Actual
The number of water systems making use of the Comprehensive Drinking Water Source to Tap Assessment Guideline.	0	N/A	0	5	46 EXCEEDED

Data Source: Regional health authority data.

Discussion of Results

Safe drinking water is a basic necessity of life and a public health priority in B.C. No water system is fail-safe and a public health risk can arise due to poor water quality conditions, equipment failure or lack of adequate treatment technology to meet changing standards. The Comprehensive Drinking Water Source to Tap Assessment Guide, released in 2010, helps mitigate risks to drinking water in B.C. It is a tool used by water purveyors to identify, inventory and assess the risks to a drinking water system from source to tap, and to provide recommendations to mitigate those risks.

In 2010, the number of water systems making use of The Comprehensive Drinking Water Source to Tap Assessment Guide was 46, substantially higher than the target of five water systems.

Ministry Response

The Comprehensive Drinking Water Source to Tap Assessment Guideline was released in May 2010. It was not anticipated that many water suppliers would be able to implement the guidelines during the 2010/11 fiscal year, particularly since more detailed communication and information was not available until the fall of 2010. However, enhanced communication tools such as training webinars, as well as collaboration with the health authorities, enabled a greater uptake by stakeholders.

Goal 2: British Columbians have the majority of their health needs met by high quality community based health care and support services.

Objective 2.1: Providing a system of community based health care and support services built around attachment to a family physician and an extended health care team with links to local community services.

B.C.'s health system is committed to providing the best possible quality of care and service which means the care people receive responds to their needs and will lead to the best health outcomes. We must proactively address the increasing needs of the population due to aging, a rising burden of illness from chronic disease and an increased prevalence of frailty by providing integrated care in the community that best meets the needs of patients.

Strategies

- Promoting integrated health teams and networks to provide a more collaborative, patient-centred experience that includes proactive chronic disease management initiatives to prevent or slow disease progression, and supports the role of patients in staying healthy and managing their conditions.
- Improving access to family physicians and mental health and substance use support teams for individuals with mental illness and/or substance use problems through intensive case management and assertive outreach services.
- Working with community partners and volunteer organizations to innovatively provide access to non-medical home support services to promote independence and assist people to stay in their own homes for as long as possible.
- Continuing to work with other ministries, BC Housing, health authorities and other partners on the Homelessness Integration Project to better address the housing and service needs of people with mental illness and substance use problems.
- Providing all British Columbians with equitable access to safe and effective prescription drugs through the PharmaCare program, while ensuring the program is sustainable for the long term.
- Improving delivery of, and access to, culturally appropriate health services tailored to meet the needs of First Nations communities, and enabling First Nations to take a leadership role in improving their health status and providing input into health planning.

Performance Measure 11: Chronic disease management.

Performance Measure	2008/09 Actual	2009/10 Actual	2010/11 Target	2010/11 Actual
Number of general practitioners providing chronic disease management	3,228	3,231	3,300	3,299 ACHIEVED

Data Source: MSP, Management Information Branch, Planning and Innovation Division, Ministry of Health. Data include the physicians billing incentive fee items for diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease and complex care management.

Discussion of Results

Chronic Disease Management (CDM) is an approach that incorporates patients as full partners in their care and promotes planned proactive care to prevent or slow disease progression for those living with chronic conditions. A hallmark of CDM is the development and implementation of clinical practice guidelines by general practitioner physicians (GPs), nurse practitioners, and other health providers to provide care according to best practice. CDM has been a primary focus of quality improvement efforts in primary health care for a number of years in B.C. Good CDM benefits patients through improved experience and outcomes, and benefits the health system by reducing the use of acute care services by chronic disease patients, and therefore overall system costs.[15]

At the end of 2010/11, 3,299 distinct GPs were providing comprehensive chronic disease management for people with diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease, and those who require complex care management for comorbid conditions (the presence of more than one condition). This represents the vast majority of the province's 3,450 community based GPs.

[15] Primary Health Care Charter: A Collaborative Approach. British Columbia Ministry of Health. 2007

Goal 3: British Columbians have access to high quality acute care services when they need them.

Objective 3.1: Acute care services are accessible, effective and efficient.

While the majority of health needs can be met through community based care, British Columbians also require timely access to high quality acute (hospital) care for advanced health conditions.

Strategies

- Providing an ambulance service that delivers timely response to emergencies and quality paramedic and appropriate medical support during transportation to hospital.
- Improving access to safe, effective and appropriate hospital services that are linked regionally and provincially to provide team based and coordinated patient-centred care while employing information technology and systems engineering to improve the efficiency and quality of service in support of clinical excellence.
- Maintaining and improving access in key surgical and medical areas, such as cardiac surgery, diagnostics, joint replacements and cancer services, by working with health authorities to foster innovation and improve effectiveness and efficiency.
- Fully implementing the expanded Surgical Patient Registry and a new Provincial Cardiac Registry to provide clinicians and health authorities with more comprehensive wait time data and give patients better information on their surgical options.
- Continuing to provide excellent cancer treatment through the BC Cancer Agency, including opening a new full service cancer centre in Prince George in 2012.

More people are getting the surgeries they need

We have increased the number of surgeries completed in B.C., including:

- ✓ *53% more cataract replacements since 2000/01*
- ✓ *125% more knee replacements since 2001/02*
- ✓ *71% more hip replacements since 2001/02*

Source: Planning and Innovation Division, Ministry of Health, 2011

Performance Measures 12-15: Access to surgery in priority areas.

Performance Measure	Benchmarks[1]	2008/09 Actual	2009/10 Actual	2010/11 Target	2010/11 Actual
Waiting times for surgery: a) Percentage of cataract surgeries waiting more than 16 weeks	10%	40%	23%	10%	30% NOT ACHIEVED
b) Percentage of knee replacement cases waiting more than 26 weeks	10%	33%	18%	10%	16% NOT ACHIEVED
c) Percentage of hip replacement cases waiting more than 26 weeks	10%	24%	9%	10%	9% EXCEEDED
d) Percentage of hip fracture fixation cases completed within 48 hours	90%	87%	87%	95%	INCOMPLETE DATA[2]

Data Source: Cataract surgery, hip replacement, knees replacement: 2008/09 and 2009/10 - SWIFT (Oct 2010); 2009/10 - SWTP (Mar 2011), Management Information Branch, Planning and Innovation Division, B.C. Ministry of Health

Hip fracture fixations: Discharge Abstract Database (Mar 2011 tape), Management Information Branch, Planning and Innovation Division, B.C. Ministry of Health.

Note: Presentation of this performance measure has been changed from previous service plans to align with how the national benchmarks are presented in other publications. Due to ongoing data updates, prior year actuals may be different from data reported in previous service plans and annual reports.

[1]The surgery wait times benchmarks were developed in accordance with the First Ministers' *10-year Plan to Strengthen Health Care*, September 2004.

[2] Data for 2010/11 are incomplete for hip fracture fixation.

Discussion of Results

In the federal 2004 *10-year Plan to Strengthen Health Care*, First Ministers committed to establish benchmarks in priority areas and to set multi-year targets against these benchmarks. For 2010/11, B.C. targets were set to achieve the benchmarks.

The target of 10 per cent of hip replacements cases waiting more than 26 weeks was exceeded. Although targets were not achieved for knee replacements and hip fracture fixations, improvements over last year were made in most categories resulting in less wait times for patients. In addition, the Canadian Institute for Health Information (CIHI) ranked B.C. in the top three provinces for wait times from April to September 2010, with only Ontario and Quebec achieving higher ratings.[16]

Despite nearly doubling the number of cataract surgeries performed in the province on an annual basis since 2001[17], demand has outpaced the significant increase in number of surgeries completed and the 10 per cent target for the percentage of cases waiting over 16 weeks has not been achieved.

[16] Wait Times Tables – A Comparison by Province, 2010, Canadian Institute for Health Information, March 2011.
[17] Data as of March 30, 2011 from the Surgical Wait Times website.

The 2010/11 result for cataract surgeries is also partly due to the fact that the First Ministers' Meeting benchmark is only for patients who are at "high risk," while B.C. is attempting to reach the same target for all priority levels of cataract surgery patients in the province.

Ministry Response

To improve access and reduce surgical wait times, B.C. health authorities have spent much of the 2010/11 fiscal year developing and implementing the new Patient Prioritization Initiative, the Patient Focused Funding proposals and the implementation of the new National Surgical Quality Improvement Program. All of these programs will enable health authorities to increase the number of surgeries, improve quality and safety of surgeries and to better manage surgical wait lists. Similarly, the Ministry has been focused on implementing wait list management strategies for all surgeries in the province and not only the First Ministers' Meeting targeted surgeries. Priority is now on reducing the number of long waiting patients and implementing new strategies to ensure that patients are prioritized according to their urgency level.

Performance Measure 16: Access to cancer treatment.

Performance Measure	Benchmarks[1]	2008/09 Actual	2009/10 Actual	2010/11 Target[1]	2010/11 Actual
Waiting times for cancer treatment: Percentage of patients who receive radiotherapy within four weeks	90%	95%	94%	≥ 90%	93% EXCEEDED

Data Source: Provincial Radiation Therapy Program, BC Cancer Agency

Note: Due to ongoing data updates, prior year actuals may be different from data reported in previous service plans and annual reports.

[1] The radiotherapy benchmark of 90 per cent was developed in accordance with the First Ministers' *Ten-Year Plan to Strengthen Health Care*, September 2004.

Discussion of Results

Ensuring that 90 per cent of Canadians receive radiation therapy within four weeks is a national benchmark and one of the five First Ministers' Meeting priority areas. Through the BC Cancer Agency, 93 per cent of patients receive their first radiation treatment within four weeks of being ready to treat, exceeding the target set for 2010/11 and as a result delivered timely access to cancer care.

A leader in cancer care

- ✓ *B.C. has the lowest mortality rate for all cancers and the lowest overall incidence rate for cancer in Canada.*
- ✓ *More than 30,000 patients in B.C. receive cancer drug therapy annually.*
- ✓ *B.C.'s investment in cancer care and control through the BC Cancer Agency has increased more than 151% since 2000/01.*

Sources: Canadian Cancer Society, Canadian Cancer Statistics 2011; Financial and Corporate Services, Ministry of Health, 2011

Growing demand for radiotherapy is driven by the aging population and increases in the prevalence and incidence of cancer. This service is provided in five regional cancer centres operated by the BC Cancer Agency. Along with chemotherapy, which is frequently provided closer to home at community hospitals, early treatment with radiotherapy is important to achieving the best health outcomes for patients.

Goal 4: Improved innovation, productivity and efficiency in the delivery of health services.

Objective 4.1: Optimize supply and mix of health human resources, information management, technology and infrastructure in service delivery.

A high performing health system is one that uses its resources in the best way possible to achieve quality clinical and health outcomes for patients and the broader population. To be sustainable the system must ensure it has enough, and the right mix of, health professionals to provide the services that will meet British Columbians' needs now and in the future. The Ministry must also ensure those human resources are appropriately supported by information management systems, technologies and the physical infrastructure to deliver high quality services as efficiently as possible.

Strategies

- Working with the Ministry of Advanced Education , the Ministry of Jobs, Tourism and Innovation and health system partners to provide education and training opportunities, including continued expansion of B.C.'s medical school, with an additional campus in Kelowna opening in 2012, more than doubling the number of entry-level postgraduate residency positions for medical graduates to 275 (256 for Canadian medical graduates and 19 for international medical graduates), and investing in the continued recruitment, training and retention of nurses, allied health workers and other health professionals..
- Providing patients with greater choice and enhanced access to care by training and authorizing health professionals to provide a wider range of services and fully work within their scope of practice.
- Redesigning care delivery models to improve quality and safety for patients and staff, optimize the use of human resources, reduce non-value added work and avoid unnecessary costs due to staff injuries, overtime and absenteeism.
- Implementing a quality of work-life strategy that creates safe, positive work environments and acts as the basis for recruitment, retention and performance of health workers.
- Realizing eHealth benefits to enhance the sustainability and effectiveness of health service delivery, including the completion of projects, such as the introduction of ePrescribing, which

will improve clinicians' access to patient medication histories, enable physicians to electronically submit prescriptions, allow pharmacies to retrieve them and work to minimize preventable adverse drug reactions.

- Working with the British Columbia Medical Association and the College of Physicians and Surgeons of British Columbia to facilitate physicians' information technology planning and implementation, including the use of electronic medical record systems, and to advance secure citizen access to individual medical records and support more informed preventive and therapeutic care choices.
- Using Telehealth to improve rural and Aboriginal communities' access to health services and specialists.

eHealth – using technology to provide the best care

B.C.'s eHealth strategy is being implemented in phases to improve care by bringing lab results, diagnostic scans, medication histories and electronic prescriptions online to help patients anywhere health care is delivered in British Columbia.

Performance Measure 17: Electronic medical record system implementation.

Performance Measure	2008/09 Actual	2009/10 Actual	2010/11 Target	2010/11 Actual
Percentage of physicians implementing electronic medical record systems[1]	20%	41%	60%	49% NOT ACHIEVED

Data Source: Physician Information Technology Office, Ministry of Health, April 2011.

[1]The target percentage is measured through physician enrolment in a voluntary program of the Physician Master Agreement between the Ministry and British Columbia Medical Association. The program promotes adoption of electronic medical record (EMR) systems. An estimated 5,000 physicians have a clinical requirement for an EMR system and are eligible for the adoption program.

Discussion of Results

Electronic medical records make patient records more accessible to health care providers, improving coordination, management and efficiency of care. The Ministry and the British Columbia Medical Association are working together to expand the use of electronic medical record systems in physicians' offices throughout the province. This work is supported by the Physician Information Technology Office and a provincially funded physician incentive program directed at increasing physicians' adoption of electronic medical record systems. It is estimated that the maximum target number of candidates to implement an electronic medical record system is approximately 5,000, the majority of whom would be in private practice settings. Other physicians, who work predominately in other settings such as hospitals that have existing clinical information systems, would not be candidates to implement an electronic medical record system.

At the end of fiscal 2010/11, a total of 2,867 physicians were enrolled in the incentive program to implement an electronic medical record system. 2,462 physicians, or 49 per cent of the 5,000 maximum, were active in the program.[18]

Ministry Response

The incentive funding for adopting an electronic medical record system is offered to physicians on a voluntary basis. Physicians are not obligated to register with this program. As such, the adoption targets cannot be guaranteed for any particular year.

Interest in the program over the last two years has been high with the majority of large to medium size physician practices around the province having been converted. Small and solo physician practices have been less likely to register for the program to date. The Physician Information Technology Office is developing strategies to encourage such practices to realize the benefits of implementing an electronic medical record system and enrol in the program. As well, the Ministry is actively working on establishing the capability for physicians' electronic medical record systems to connect to their patients' historical laboratory results and medication profiles, through the provincial electronic health record system—a core component of the provincial eHealth initiative. These additional capabilities will increase the value to physicians in implementing an electronic medical record system and should encourage more physicians to adopt them in their clinical practice.

Objective 4.2: Drive efficiency and innovation to ensure sustainability of the publicly funded health system.

The Ministry is committed to managing the health system efficiently to ensure resources are spent where they will have the best outcome. The public health system must continually drive improvement in innovation, productivity and efficiency to ensure the health system is affordable and effective for British Columbians.

Strategies

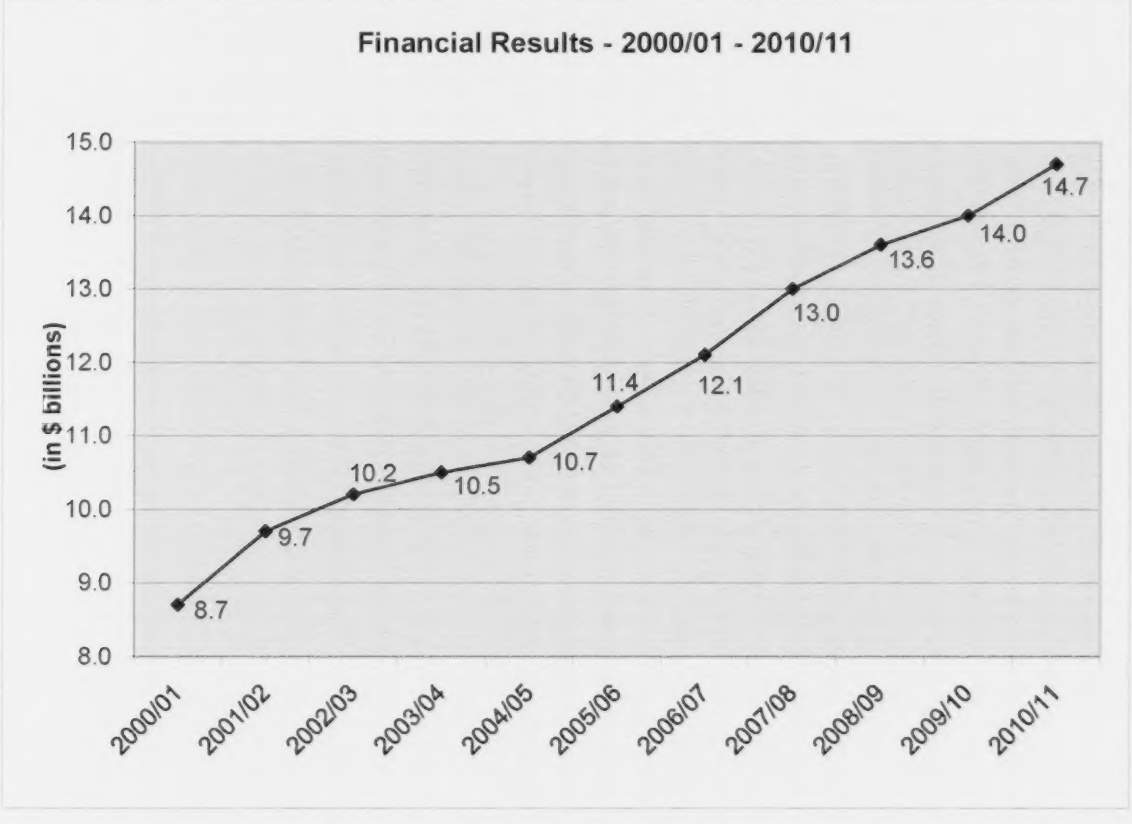
- Providing legislative, regulatory and policy frameworks to ensure that policy direction is clear and consistent and allows services to be delivered appropriately and cost-effectively.
- Implementing a system wide approach to apply Lean design across the health system to improve service to patients, reduce errors and eliminate waste in the delivery system.
- Expanding activity and performance based funding to provide the appropriate incentives to encourage increased access, clinical and service excellence across the health system.
- Minimizing administrative costs by expanding shared services across health authorities, and establishing best price procurement approaches for pharmaceuticals and medical supplies.

[18] Physician Information Technology Office, Ministry of Health, April 2011.

- Redesigning capital planning to optimize budget capacity and making strategic capital investments to renew the health system's infrastructure, including facilities, equipment and information technology.
- Improving the availability of quality data and analysis to assist clinical and management decision-making and optimize health expenditures.
- Monitoring and reporting publicly on health system performance and the health of the B.C. population.
- Working with other ministries to ensure programs are integrated, and with partners to ensure overall health system costs remain affordable and within budget, and utilizing strategic public-private partnerships and innovative approaches to improve services to the public within the available fiscal resources.

Report on Resources

The Ministry of Health 2010/11 budget was $14.796 billion. Actual operating expenditures for the fiscal year ending March 31, 2011 were $14.721 billion, resulting in an operating variance of $75 million. Additionally, the Ministry reversed $81 million of prior years' accruals, resulting in a total surplus position of $156 million. However, the reversed amount was not available for spending.



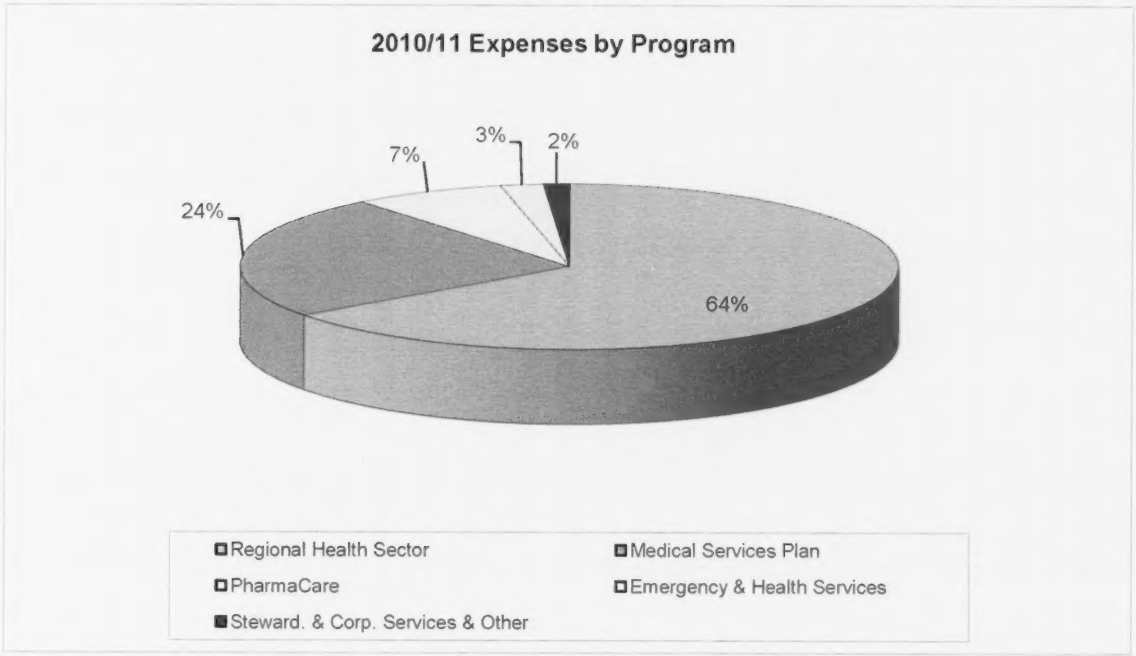
Resource Summary Table

	Estimated	Other Authorizations	Total Estimated	Actual	Variance
Operating Expenses ($000)					
Services Delivered by Partners					
Regional Health Sector Funding	9,595,934		9,595,934	9,546,837	(49,097)
Medical Services Plan	3,600,553		3,600,553	3,573,112	(27,441)
PharmaCare	1,089,914		1,089,914	1,100,500	10,586
Health Benefits Operations	32,622		32,622	33,183	561
Sub-Total	**14,319,023**	**0**	**14,319,023**	**14,253,632**	**(65,391)**
Services Delivered by Ministry					
Emergency and Health Services	312,245		312,245	310,174	(2,071)
Vital Statistics	6,799		6,799	5,834	(965)
Sub-Total	**319,044**	**0**	**319,044**	**316,008**	**(3,036)**
Executive and Support Services					
Minister's Office	780		780	658	(122)
Stewardship and Corporate Services	157,385		157,385	150,459	(6,926)
Sub-Total	**158,165**	**0**	**158,165**	**151,117**	**(7,048)**
Recoveries – Health Special Account	(147,250)		(147,250)	(147,250)	0
Total Vote 37	**14,648,982**		**14,648,982**	**14,573,507**	**(75,475)**
Health Special Account	147,250		147,250	147,250	0
Sub-total – Operating Expenses	**14,796,232**	**0**	**14,796,232**	**14,720,757**	**(75,475)**
Reversal of Prior Year Over accruals[19]				(80,775)	(80,775)
Total – Ministry of Health	**14,796,232**	**0**	**14,796,232**	**14,639,982**	**(156,250)**

Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)					
Ministry Operations					
Stewardship and Corporate Services[20]	1,460	37,730	39,190	33,941	(5,249)
Emergency and Health Services	5,564		5,564	5,239	(325)
Total – Ministry of Health	**7,024**	**37,730**	**44,754**	**39,180**	**(5,574)**
Consolidated Capital Plan ($000)					
Health Facilities	427,427		427,427	307,466	(119,961)
Total – Ministry of Health	**427,427**	**0**	**427,427**	**307,466**	**(119,961)**

[19] Reversal of prior year over accruals is the total amount written off for prior years' accruals that are no longer valid. The credit was not available for spending.

[20] Other Authorizations of Ministry Capital Estimates are the approved amounts from Capital Planning Secretariat.



The significant operating variances were:

Regional Health Sector Funding: The surplus is due to higher out-of-province claim recoveries, lower risk management costs, and some program responsibility transfers to the PharmaCare program.

Medical Services Plan: The surplus is due to savings from the Renewed Laboratory Agreement and the laboratory reinvestment initiative, a reduction in BCMA benefits, and increased recoveries from WorkSafe BC.

PharmaCare: The deficit is due to program transfers from the Regional Health Sector, including higher than expected costs for expensive drugs for rare diseases.

Stewardship and Corporate Services: The surplus is a result of hiring delays, and other savings in salaries and contracts.

Health Authorities Included in the Provincial Reporting Entity

As required under the *Budget Transparency and Accountability Act*, British Columbia's six health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's service plan are related to services delivered by the health authorities. The majority of the health authorities' revenues and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Health Authorities	2010/11 Budget	2010/11 Actual	Variance
Combined Income Statement ($000)			
Total Revenue[21]	12,233,000	12,472,149	239,149
Total Expense[22]	12,233,000	12,426,950	193,950
Operating Results	0	45,199	45,199
Gain (Loss) on disposal of Capital Assets	0	(552)	(552)
Net Results	**0**	**44,647**	**44,647**

NOTE: This combined income statement is based on audited financial statements from six health authorities and ten hospital societies. Figures do not include the eliminating entries to consolidate these agencies with the government reporting entity.

[21] Revenue: Includes provincial revenue from the Ministry of Health Services, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities) and fees and licenses.

[22] Expenses: Provides for a range of health care services, including acute care and tertiary services, residential care, mental health services, home care, home support, and public health programs.

Major Capital Projects

Capital investment ensures the province's health infrastructure is maintained and expanded to meet our growing population and its need for health services.

The health sector invests in health facilities, such as hospitals, clinics and residential and complex care buildings. Capital investment is also made in medical equipment, including CT scanners, MRIs, laboratory systems and surgical equipment. In addition, investments in information technology and information management systems improve service quality and efficiency, and increase access to services, particularly in rural areas.

The province's six health authorities and the Ministry collaborate on financial and infrastructure planning to ensure capital investments in the health system are strategic and cost effective. Recognizing the significant cost and long lifespan of most capital investments – both in acquisition and use – the Ministry and health authorities maintain three-year capital expenditure plans, aligned with other health sector planning. This planning horizon enables the Ministry to better anticipate future demand for health services, resulting from a growing and aging population and medical and technological innovations, and to plan and prioritize long term capital investments.

Major capital projects currently underway include:

- **Jim Pattison Outpatient Care and Surgical Centre:**
  In order to make room for expansion of inpatient services at Surrey Memorial Hospital, a new outpatient and surgical centre must be constructed to relocate existing Surrey Memorial Hospital outpatient services. This facility will provide additional space for the expected future volume of outpatient, diagnostic and treatment services, and includes a primary care clinic. The estimated $237 million project is planned for completion in 2011.
  For more information on the Jim Pattison Outpatient Care and Surgical Centre project, please see the website: www.partnershipsbc.ca/files/project-fha.html

- **Kelowna/Vernon Hospitals Project:**
  The Kelowna/Vernon Hospitals project consists of a patient care tower for an expanded emergency department and consolidated outpatient services, and academic space for the University of British Columbia (UBC) medical school's new Southern Medical Program at Kelowna General Hospital and a new patient care tower at Vernon Jubilee Hospital. The estimated $433 million project is planned to complete the Vernon Jubilee Hospital expansion in 2011 and the Kelowna General Hospital expansion in 2012.

  The new patient care tower at Kelowna General Hospital will include a new building at the hospital to accommodate ambulatory/outpatient services in a single location, quadruple the size of the emergency department and include two shelled floors for future inpatient bed capacity. The project is expected to decrease congestion in the emergency department, increase surgical capacity and improve patient flow throughout the hospital.

  In addition to the patient care tower, a new stand-alone facility was built to accommodate the Southern Medical Program and a new parkade.

The new patient care tower at Vernon Jubilee Hospital will include a new facility for emergency, ambulatory care, operating rooms and intensive care. The project is expected to decrease congestion in the emergency department and expand the capacity of current diagnostic and treatment programs. The building will also include two shelled floors for future inpatient bed capacity.

For more information on the Kelowna/Vernon project, please see the website at: www.partnershipsbc.ca/files/project-ih.html

- **Fort St. John Hospital and Residential Care Facility:**
  The new hospital will be the centre for health care delivery to First Nations people and remote communities in northeastern B.C. and will provide a range of health services that take advantage of telecommunication and telehealth applications, reducing the need for patients to travel to receive care. The 55-bed facility will address wait times and emergency room congestion, and will provide access to modern ambulatory care. It will include emergency, diagnostic, treatment and patient care services and it will provide for expansion of health care services. The hospital will also be the centre for the UBC medical school's Northern Medical Program in northeastern B.C. The project also includes a new 123-bed residential care facility co-located with the hospital, generating operational efficiencies and opportunities to share health human resources that are scarce in the region. The total project cost is estimated at $298 million and is planned for completion in 2012.

  For more information on the new regional hospital in Fort St. John, please see the Ministry's website at: www.health.gov.bc.ca/library/publications/year/2008/FSJ_Capital_Project_Plan_March_2008.pdf

- **BC Cancer Centre for the North, Prince George:**
  As part of the Northern Cancer Control Strategy, the BC Cancer Centre for the North will accommodate two linear accelerators and other equipment, treatment rooms and patient areas. An addition and renovations to the University Hospital of BC (Prince George) will accommodate a new six-bed oncology unit, an expansion of pathology, laboratory and diagnostic imaging services, and additional administrative spaces to support the impact of new BC Cancer Agency services in the north. The Northern Cancer Control Strategy will include renovations and enhancements to up to 11 Northern Health Authority sites in communities outside of Prince George and acquisition of new equipment and information technology to accommodate expansion of community cancer clinics. The estimated capital cost associated with the strategy is $106 million and project completion is planned for 2012.

  For more information on the Northern Cancer Control Strategy, please see the website at: www.health.gov.bc.ca/library/publications/year/2008/NorthernCancerCentreProjectPlan.pdf

- **Surrey Memorial Hospital Critical Care Tower:**
  The new building will include a new emergency department that is five times larger than the existing department. The new emergency area will include specialized units for mental health, geriatric care, a separate children's emergency area, an enhanced minor treatment unit and an improved area for acute patients. The multi-storey facility will include a perinatal centre incorporating 48 neonatal intensive care unit beds needed to treat premature infants and newborns

in critical distress. The maternity department will also be expanded and 13 new obstetric beds will be added. The project will also include additional inpatient beds thereby increasing the inpatient bed capacity at Surrey Memorial Hospital by 30 per cent. An expanded adult intensive care unit will also help meet the acute care needs of Surrey, and will play a crucial role in decreasing emergency room congestion. Additional academic space will be created to support the growing partnership between Fraser Health and the UBC medical school. A new rooftop helipad will be located on the top of the new tower. The capital cost of the project is estimated at $512 million. Construction on the new tower will begin in 2011. The new emergency department will be open to patients in 2013, with final construction of the tower completed in 2014.

- **Interior Heart and Surgical Centre, Kelowna:**

  The Interior Heart and Surgical Centre project will include a new, state-of-the-art general operating suite, inpatient surgical unit, and a new laboratory to replace aging facilities currently in use at Kelowna General Hospital. A new 12,970-square-metre (139,590-square-foot) building will be constructed to house the Interior Heart and Surgical Centre. The new building will be built on the site of the existing Pandosy building. The programs currently housed at Pandosy will be relocated to the new patient care tower and a new clinical support building. The existing surgical suite will be relocated to the new Interior Heart and Surgical Centre that will include room for future expansion of surgical services. Also included will be an expansion of support services for the cardiac program, such as central sterilization services. The surgical suite will be fully integrated with the cardiac revascularization program. The new buildings will be designed to Leadership in Energy and Environmental Design (LEED) Gold standards, and will maximize the interior and exterior wood construction. The Interior Heart and Surgical Centre will be completed by 2016 with final renovations to other areas of the hospital completed by 2017. The cost of the project is estimated at $393 million.

  For more information on the Interior Heart and Surgical Centre, please see the Interior Health Authority website at: www.kelownavernonhospitalsproject.ca/kgh-cardiac-care/

- **Children's and Women's Hospital Redevelopment:**

  The redevelopment of BC Children's Hospital and BC Women's Hospital, both agencies of the Provincial Health Services Authority, will be completed in three phases. The first phase will include opening three additional neonatal intensive care unit (NICU) beds at BC Women's Hospital to help care for the province's most vulnerable patients. Those additional beds will become part of the provincial network of NICU beds. First phase work at BC Children's Hospital and the Shaughnessy Building includes: site preparations for the new hospital; constructing additional academic space for the UBC medical school; constructing a new clinical support building and a free-standing child day-care centre. Phase One is expected to cost $91 million. The second and third phases of the project will include the building of the new BC Children's Hospital and renovations and expansion of BC Women's Hospital. The total project cost for all phases must still be finalized, but is estimated to be approximately $682 million.

  For more information on the Children's and Women's Hospital Redevelopment project, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf

Annual Service Plan Report Appendices

Appendix A: Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)
1515 Blanshard Street
Victoria, British Columbia
V8W 3C8
Toll free in B.C.: 1-800-465-4911
In Victoria: 250-952-1742

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia
V8W 9E3
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia
V8W 9P2
Toll free in B.C.: 1-800-663-7100
In Vancouver call: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)
By phone: 8-1-1
For deaf and hearing-impaired assistance (TTY) call 7-1-1.
Outside B.C.: 604-215-8110

Ministry of Health - Health and Seniors Information Line
Toll free in B.C.: 1-800-465-4911
In Victoria or from other areas: 250-952-1742

Ministry of Health – ActNow BC (www.actnowbc.ca)
Email: actnow@gov.bc.ca

Office of the Provincial Health Officer www.health.gov.bc.ca/pho/
4-2 1515 Blanshard Street
Victoria, British Columbia

V8W 3C8
In Victoria: 250-952-1330
Fax : 250-952-1362

Patient Care Quality Review Board (www.patientcarequalityreviewboard.ca/index.html)
PO Box 9643
Victoria, British Columbia.
V8W 9P1
Fax: 250-952-2428
Email: contact@patientcarequalityreviewboard.ca
Toll Free: 1-866-952-2448

Vital Statistics Agency (www.vs.gov.bc.ca/index.html)
Mailing Address: PO BOX 9657 STN PROV GOVT
Victoria British, Columbia
V8W 9P3
In Victoria: 250-952-2681

Agency Offices:

Visit a Vital Statistics Agency Office during the public office hours of 8:30 a.m. to 4:30 p.m., Monday to Friday:

VICTORIA
818 Fort Street
Phone: 250-952-2681
Fax: 250-952-2527

VANCOUVER
605 Robson Street, Room 250
Fax: 604-660-2645

KELOWNA
1475 Ellis Street, Room 101
Fax: 250-712-7598

Appendix B: Hyperlinks to Additional Information

British Columbia's Six Health Authorities

Fraser Health Authority - www.fraserhealth.ca

Interior Health Authority - www.interiorhealth.ca

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority - www.viha.ca